Please type a plus sign (+) i	inside this box ->	H
-------------------------------	--------------------	---

	sign (+) inside this box tion Act of 1995 no persons are required by	U.S. Detent and Trademai	PTO/SB/01 (10-00) ed for use through 10/31/2002. OMB 0651-0032 rk Office; U.S. DEPARTMENT OF COMMERCE n unless it contains a valid OMB control number.
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Numbe		
	First Named Inventor	Kronholm, Jr., Conrad	
	COMPLETE IF KNOWN		
	Application Number		
Declaration Submitted OR With Initial Filing Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
	Group Art Unit	·	
	Examiner Name		

As a below named inventor, I he	reby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.								
MOTIVATIONAL DEVICE FOR TEAM COMPETITIONS								
	(Title of the Invention)							
the specification of which								
is attached hereto		a a l Imita d S	States Application I	Number or PCT Int	emational			
	OR as United States Application Number or PCT International							
Was filed on (MMVDD/TTTT)	was filed on (MM/DD/YYYY) (if applicable).							
Application Number	Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO			
				ō				
			<u> </u>	<u> </u>				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)		e (MM/DDYYYY)			~ation			
				Additional provisional application numbers are listed on a				
		supplemental priority data sheet		sheet				
		j		02B attached here				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

O NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Pat nt Application Customer Number 28152 OR [] 図 Direct all correspondence to: Correspondence address below or Bar Code Label Name **Address** Address ZIP State Ctty Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18.U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Family Name Conrad J. Kronholm, Jr. or Surname (first and middle [if any]] Inventor's Signature Old Lyme CT US US Residence: City Country Citizenship 101 Lyme Street Mailing Address **Mailing Address** CT US 06371 Old Lyme Country ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name or Surname (first and middle [if any]) Inventor's Date Signature Citizenship State Country Residence: City Mailing Address Mailing Address

State

Additional inventors are being named on the